



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE**  
**Patent and Trademark Office**

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|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                               |                                     |                                   |                                               |                                                                |                                              |                                      |                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|-------------------------------------|-----------------------------------|-----------------------------------------------|----------------------------------------------------------------|----------------------------------------------|--------------------------------------|---------------------------------|
| <b>SERIAL NUMBER</b><br>09/515,060                                                                                                                                                                                                                                                                         | <b>FILING DATE</b><br>02/28/2000<br><b>RULE</b> -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>CLASS</b><br>703        | <b>GROUP ART UNIT</b><br>2763 | <b>ATTORNEY DOCKET NO.</b><br>RJ110 |                                   |                                               |                                                                |                                              |                                      |                                 |
| <b>APPLICANTS</b><br>Raymond Anthony Joao, Yonkers, NY ;<br><b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A CIP OF 08/788,387 01/27/1997<br><b>** FOREIGN APPLICATIONS *****</b>                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                               |                                     |                                   |                                               |                                                                |                                              |                                      |                                 |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** SMALL ENTITY **<br>** 04/13/2000                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                               |                                     |                                   |                                               |                                                                |                                              |                                      |                                 |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ | <b>STATE OR COUNTRY</b><br>NY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>SHEETS DRAWING</b><br>9 | <b>TOTAL CLAIMS</b><br>20     | <b>INDEPENDENT CLAIMS</b><br>3      |                                   |                                               |                                                                |                                              |                                      |                                 |
| <b>ADDRESS</b><br>Raymond A. Joao Esquire<br>122 Bellevue Place<br>Yonkers, NY 10703                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                               |                                     |                                   |                                               |                                                                |                                              |                                      |                                 |
| <b>TITLE</b><br>Apparatus and method for providing educational materials and/or related services in a network environment                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                               |                                     |                                   |                                               |                                                                |                                              |                                      |                                 |
| <b>FILING FEE RECEIVED</b><br>345                                                                                                                                                                                                                                                                          | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: <table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees ( Filing )</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees ( Issue )</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table> |                            |                               |                                     | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees ( Filing ) | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) | <input type="checkbox"/> 1.18 Fees ( Issue ) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit |
| <input type="checkbox"/> All Fees                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                               |                                     |                                   |                                               |                                                                |                                              |                                      |                                 |
| <input type="checkbox"/> 1.16 Fees ( Filing )                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                               |                                     |                                   |                                               |                                                                |                                              |                                      |                                 |
| <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                               |                                     |                                   |                                               |                                                                |                                              |                                      |                                 |
| <input type="checkbox"/> 1.18 Fees ( Issue )                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                               |                                     |                                   |                                               |                                                                |                                              |                                      |                                 |
| <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                               |                                     |                                   |                                               |                                                                |                                              |                                      |                                 |
| <input type="checkbox"/> Credit                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                               |                                     |                                   |                                               |                                                                |                                              |                                      |                                 |



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2002-0400

CONFIRMATION NO. 8787

|                             |                                       |              |                        |                                 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER<br>09/515,060 | FILING DATE<br>02/28/2000<br><br>RULE | CLASS<br>709 | GROUP ART UNIT<br>2153 | ATTORNEY<br>DOCKET NO.<br>RJ110 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|

APPLICANTS

Raymond Anthony Joao, Yonkers, NY;

\*\* CONTINUING DATA \*\*\*\*\*  
 THIS APPLICATION IS A CIP OF 08/788,387 01/27/1997 ABN

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 04/13/2000

|                                                                                          |                                                                                                                                                                   |                           |                        |                       |                            |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>NY | SHEETS<br>DRAWING<br>9 | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>3 |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS  
 Raymond A. Joao Esquire  
 122 Bellevue Place  
 Yonkers ; NY  
 10703

TITLE  
 Apparatus and method for providing educational materials and/or related services in a network environment

|                                   |                                                                                                                   |                                                                                                                                                                                                                                                                                 |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE<br><br>RECEIVED<br>403 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|